PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003								Application or Docket Number				
								_				
								11	0751	+	٢	
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE		NTITY	OR	OTHER SMALL	
TOTAL CLAIMS			15		·		RA	ΤE	FEE	7 /	RATE	FEE.
FOR			NUMBER	NUMBER FILED		NUMBER EXTRA		FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			/ minus 20=		* 6		X\$	X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			3 minus 3 =		* 55		X4:	X43=		OR	X86=	
MU	LTIPLE DEPEN	NDENT CLAIM PI	RESENT				+14		<u> </u>		+290=	
* If	the difference	in column 1 is	less than zero, enter "0" in column 2			column 2	·TOT			OR	TOTAL	777
CLAIMS AS AMENDED - PART II							101	AL		OR	OTHER	THAN
		(Column 1)	·14: F14D F5	(Colun		(Column 3)	nn 3) SMALL E			OR	SMALL	
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER DUSLY	PRESENT EXTRA	RA	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=	X\$:	9=		OR	X\$18=	
ME	Independent	*	Minus	***		=	X43	}=		OR	X86=	
٩	FIRST PRESENTATION OF MULTIPLE DEP			PENDENT	CLAIM		+14			1 1	+290=	
)TAL		OR	TOTAL	
	(Column 1) (Column 2) (Column 3)							FEE		OR,	ADDIT. FEE	
		(Column 1) CLAIMS		(Colum		(Column 3)		-	ADDI-			ADDI-
T B		REMAINING AFTER		NUMB PREVIO		PRESENT EXTRA	RAT	RATE	TIONAL	1 1	RATE	TIONAL
MENT		AMENDMENT		PAID F		EXIDA		_	FEE			FEE
	Total	*	Minus	**		=	X\$ 9)=_		OR	X\$18=	
51	Independent	*	Minus	***	CI AINA	=	X43	=		OR	X86=	
	FIRST PRESE	NIAHON OF MO	LIPLE DEP	LTIPLE DEPENDENT			+145	i=		OR	+290=	
								TAL			TOTAL	•
								FEE !			ADDIT. FEE	
		(Column 1) CLAIMS		(Colum		(Column 3)						
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	BER OUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=	
ME	Independent	*	Minus	***		=	X43			OR	X86=	
<u> </u>	FIRST PRESE		 	\dashv		Ī						
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3										OR	+290=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR ,	TOTAL ADDIT. FEE	
		nber Previously Paid					ound in th	e app	ropriate box	in colu	umn 1.	